

Saxon Dental Financial Policy

Welcome to Saxon Dental. We value our wonderful patients and are committed to providing the highest quality services. We want to thank you for choosing our office for your dental care. Please read to following office policy and sign below. If you have any questions one of our qualified staff will be glad to answer any questions you may have.

Patient Responsibilities

- * I understand that I am responsible for all fees related to my dental care and treatment. (You may be eligible for a financing program offered through *CareCredit*. Please inquire with our staff)
- * I understand that full payment for all dental treatment is to be paid at the time the treatment is performed including emergency visits for myself or any of my dependents.
- * I understand that if a check, or other instrument, or any electronic authorization or debit sent or provided to Saxon Dental LLC, for payment is not honored upon first presentment, regardless of the reason, even if the check, instrument or electronic authorization is later honored, I will be charged the maximum allowable service charge. This charge is currently \$25.00 and subject to change without notice.
- * I understand that if my account is not paid on a timely basis, my account may be turned over to a collection agency. In addition to paying my balance, I agree to pay all reasonable attorney's fees, collection and/or court costs.
- * I understand that if I opt to discontinue treatment for a procedure I previously requested Saxon Dental LLC to perform, including but not limited to, Partials, Dentures, Crown, Bridgework and Surgical preparatory work, I will be responsible for paying all lab related costs for materials and services that were performed for my benefit prior to my decision to discontinue such treatment and that all such costs will be deducted from any refund that I may entitled to as a result of any pre-payments for requested services.
- * I understand that unless patient records are sent directly to another provider, the charge for copies of x-rays is currently \$25.00 and subject to change without notice.

Broken and/or Missed Appointments

- * I understand that Saxon Dental LLC. reserves the right to charge a fee for any appointments not kept by the patient, which is currently \$25.00 and subject to change without notice. After two (2) broken or missed appointments, without 24 hours notice, the dentist retains the right to discontinue elective treatment and dismiss me from the practice.

Patients With Dental Insurance

- * I understand that my insurance benefits are derived from a contract between either myself or my employer and the insurance company. Saxon Dental LLC. and employees are ***not*** parties to my contract with my insurance company.
- * I realize that it is ***my*** responsibility and not the responsibility of Saxon Dental LLC. to confirm which treatments or procedures are covered by my insurance, the extent of this coverage including but not limited to any applicable exclusions or deductibles or annual or lifetime maximums in my policy.
- * I understand that payment is due the day services are rendered. As a rule, insurance plans do not pay for the full cost of dental care. They are designed to reduce the cost of care, not to eliminate it entirely. We will be happy to file claims for you, but we are not insurance experts. If the insurance leaves a balance you are responsible for that balance.
- * I understand that I have to pay in full my estimated portion (that portion not covered by insurance) at the time of services. I understand that the estimate given by Saxon Dental LLC may differ from the payment ultimately made by my insurance carrier.
- * As a courtesy, the office will submit my claim to my insurance company up to two (2) times per appointment and that any further insurance appeal is my responsibly.

I have thoroughly read, understand and agree to the above Office Financial Policy with Saxon Dental LLC.

Signature of Patient/Guardian

Date